### Comptroller's Directive No. 3-07 Attachment 29 Report of Financial Condition

#### **Purpose**

Section 4-10.00 of the Appropriation Act provides each office handling State funds shall, upon the request of the Auditor of Public Accounts, make a detailed statement, <u>under oath</u>, of the financial condition of his office. This attachment is similar to prior year's Attachment 28.

## Applicable agencies

All agencies must follow these attachment instructions.

**Due date** 

October 18, 2007

## **Submission** requirements

# SUBMIT INFORMATION TO THE AUDITOR OF PUBLIC ACCOUNTS ONLY.

**APA requests no Faxes!** 

<u>For paper submissions and page 3 of this attachment (all paper submissions must be sent to APA no later than October 18, 2007):</u>

Mail to: Walter J. Kucharski

**Auditor of Public Accounts** 

P.O. Box 1295

Richmond, VA 23218-1295

For e-mail submissions (only for those items not previously submitted):

E-mail Address: **APAFinRept@apa.virginia.gov** 

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# Providing required information

### **Financial Statement Template Agencies:**

- Send a copy of the financial statement templates to the APA.
- Send copies of all other DOA submissions to APA (if not previously submitted).

#### **Other Financial Data Agencies:**

- If the agency is required to prepare financial information only by the Office of the Comptroller's Directive No. 3-07 send the following to the APA:
  - 1. CARS final trial balance (ACTR 402, Option B1)
  - 2. CARS reconciliation certification
  - 3. Send copies of all other DOA submissions to APA (if not previously submitted).

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# The following oath should be mailed (not e-mailed or faxed) to the

Auditor of Public Accounts:		
"I hereby affirm that the financial statements or information submitted are true and correct to the best of my knowledge and belief."		
•	Signature	
	Title	
Agency Name		
The oath should be administered by a notary or other officer authorized by Section 49-4 of the <u>Code</u> , and such notary or other officer should complete a certificate in substantially the following form:		
State of Virginia; City / County of:		
This is to certify	that	on this
	of, 2007, to	
foregoing oath required by the laws of the Commonwealth.		
Signature of Not	tary	
Print Name of N	lotary	•
Title		•

My commission expires on

